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21828

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01/06/2009

CARRIER BLACKMAN AND ASSOCIATES
 24101 NOVI ROAD
 SUITE 100
 NOVI, MI 48375

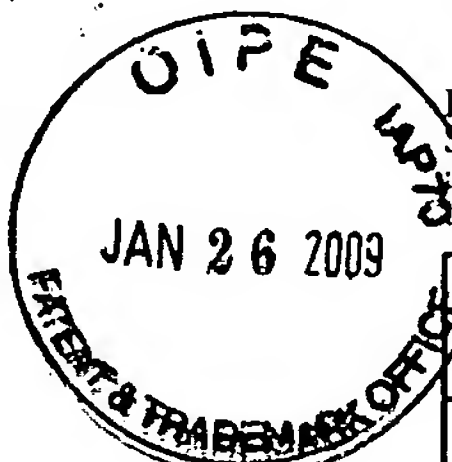
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Nancy Carrier

(Depositor's name)

Nancy Carrier

(Signature)

22 January 2009

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/530,342	04/06/2005	Hiroshi Rikimaru	KNJ-241-A	7772

TITLE OF INVENTION: HEARING AID, TRAINING DEVICE, GAME DEVICE, AND AUDIO OUTPUT DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO Yes	\$1510 755	\$300	\$0	\$1810 1055	04/06/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS				
ENSEY, BRIAN	2614	381-320000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Carrier, Blackman & Associates, P.C.

Joseph P. Carrier

William D. Blackman

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hiroshi Rikimaru

Kyoto, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☒ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500744 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). *in the name of Carrier, Blackman & Associates PC.*

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Authorized Signature

Date 22 January 2009

Typed or printed name

Joseph P. Carrier

Registration No.

31,748

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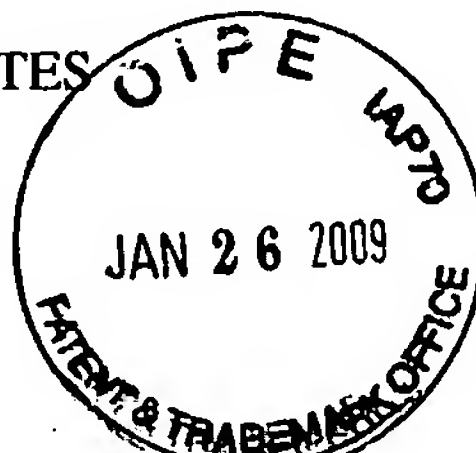
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Carrier, Blackman & Associates, P.C.
 1 Joseph P. Carrier
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Joseph P. Carrier

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